

Quotation Advert

Opening Date:

30/05/2023

Closing Date:

06/06/2023

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Ladysmith Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/

Ladysmith Regional Hospital

service is required: **Date Submitted:**

29/05/2023

ITEM CATEGORY AND DETAILS

Quotation number:

LSH 1763/22/23

Item Category:

Goods

Item Description:

REPAIRS TO AIRCONDITIONERS IN CLINICS

Quantity (if supplies):

20 Units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Complusory Briefing

Date:

01/06/2023

Time:

11h00

Venue:

LRH (Maintenance Department)

QUOTES CAN BE COLLECTED FROM:

Downloadable from KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: DEPOSIT IN THE TENDER BOX SITUATED IN THE

MAIN SECURITY GATE OR EMAIL: ladysmith.quotation@kznhealth.gov.za

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name:

Ms. NP Nyembe

Email:

Contact number: 036 637 2111

Finance Manager Name:

∤ऐ Finance Manage signature:



PARTICULARS OF QUOTATION									
YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: LADYSMITH REGIONAL HOSPITAL									
FACSIMILE NUMBER: E-MAIL ADDRESS: ladysmith.quotation@kznhealth.gov.za									
PHYSICAL ADDRESS: 36 MALCOLM ROAD, LADYSMITH 3370									
QUOTE NUMBER: ZNQ / LSH / 1763 / 22 - 23 VALIDITY PERIOD: 60 DAYS									
DATE ADVERTISED: 30/05/2023 CLOSING DATE: 06/06/2023 CLOSING TIME: 11:00									
DESCRIPTION: REPAIRS TO AIR-CONDITIONERS IN CLINICS									
CONTRACT PERIOD (IF APPLICABLE): ONCE OFF									
DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS): 36 MALCOLM ROAD,									
LADYSMITH 3370									
ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO: CONTACT PERSON: MR. SP NDLOVU E-MAIL ADDRESS: TELEPHONE NUMBER: 036 638 0050									
ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:									
CONTACT PERSON: MR. A SOOKHAYEE TELEPHONE NUMBER: 036 638 0267									
E-MAIL ADDRESS:									
Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration.									
The quote box is open from 08:00 to 15:30.									
QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RETYPED)									
THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.									
THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)									
NAME OF BIDDER:									
E-MAIL ADDRESS:									
POSTAL ADDRESS:									
STREET ADDRESS:									
TELEPHONE NUMBER: FACSIMILE NUMBER:									
CELLPHONE NUMBER: SARS PIN:									
VAT REGISTRATION NUMBER (If VAT vendor):									
CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. M A A A									
UNIQUE REGISTRATION REFERENCE:									



CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

RWAZUL MEALTR MERCHES CO	U-NATAL PROVI	NCE	STANDARD QUOTATION DOCUMENT FOR QUOTATIONS ABOVE RZ 000.0							
			OFFICIAL PRIC	E PAGE FO	R QUOTATIONS OVER R	2 000.01				
QUOTE NUMBE	R: ZNQ	, LSH	, 1763	, 22	_ 23					
DESCRIPTION:	REPA	IRS TO AI	R-CONDITIONE	ERS IN CL	INICS					#
PREFERENCE PO	INTS WILL BE	ALLOCATED	ACCORDING TO THE	IMPLEMENTA	ATION OF SPECIFIC GOALS	IN TERMS OF	PPR 2022:	POINTS ALL	OCAT	ED
Promotion of ente	rprises manufa	acturing in the f	Province of KwaZulu-	Natal				20	-	
ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION			BRAND & MODEL	COUNTRY OF MANUFACTUR E	PRICE R C		
	20	UNITS	REPAIRS	TO AIR-C	ONDITIONERS					
				IN CLIN	ICS					
			(AS PER AT	TACHED	SPECIFICATION)					
			CIE	B GRADI	NG: 1ME				+	
									‡	
			COMPULSOR	RY SITE B	RIEFING DETAILS:				‡	
			DA	TE: 01 JU	INE 2023				+	
				TIME: 1	1H00					
			VENUE: L	RH MAIN	TENANCE DEPT					
									-	
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									+	
VALUE ADDED	TAX @ 15%	(Only if VAT	Vendor)			i.e			士	
TOTAL QUOTA	TION PRICE	(VALIDITY P	ERIOD 60 Days)							
DOES THIS OFFER COMPLY WITH THE SPECIFICATION? IS THE PRICE FIRM? DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION?							Y	res / res /	NO	
STATE DELIVE	RY PERIOD (E.G. 3 DAYS	, 1 WEEK)					-		
NAME OF BIDD	DER:				SIGNATURE OF BID [By signing this docu	DER: ment, I hereb	y agree to all term	s and conditions	<u>;]</u>	

DATE: ___

REQUIREMENTS FOR CONTRACTOR

- 1. To provide proof of work done at other institutions
- 2. Contractor to have qualified artisan to work on plant and Must be able to produce proof of qualification if required
- 3. CIBD GRADING: I ME
- 4. Correct PPE must be worn on site and required tools to do the job
- 5. IF CONTRACTOR doesn't comply with the above mentioned requirements, he or she will be disqualified or (will not be considered for the contract / job)
- 6.Contractor to start work on site within 7 days of receiving order no, or order will be cancelled